```
     FILE 'HCAPLUS' ENTERED AT 16:30:39 ON 25 AUG 2009
L1        17172 S ANTIPSYCHOTIC OR RISPERIDONE OR OLANZAPINE OR QUETIAPINE OR Z
L2        32609 S ANTIDEPRESSANT OR (SELECTIVE SEROTONIN REUPTAKE INHIBITOR) OR
L3         6612 S ESCITALOPRAM OR BUPROPION OR NEFAZODONE OR MIRTAZAPINE OR VEN
L4         8608 S SUICIDE OR SUICIDAL OR SUICIDALITY
L5          612 S L1 AND L2 AND (L3 OR L4)
L6          148 S L5 AND (PY<2003 OR AY<2003 OR PRY<2003)

     FILE 'STNGUIDE' ENTERED AT 16:31:35 ON 25 AUG 2009

     FILE 'HCAPLUS' ENTERED AT 16:32:06 ON 25 AUG 2009
L7        99340 S DEPRESSION OR DEPRESSIVE
L8           51 S L6 AND L7
```

=> file hcaplus
COST IN U.S. DOLLARS | SINCE FILE ENTRY | TOTAL SESSION
FULL ESTIMATED COST | 1.76 | 1.76

FILE 'HCAPLUS' ENTERED AT 16:30:39 ON 25 AUG 2009
USE IS SUBJECT TO THE TERMS OF YOUR STN CUSTOMER AGREEMENT.
PLEASE SEE "HELP USAGETERMS" FOR DETAILS.

FILE COVERS 1907 - 25 Aug 2009 VOL 151 ISS 9
FILE LAST UPDATED: 24 Aug 2009 (20090824/ED)
REVISED CLASS FIELDS (/NCL) LAST RELOADED: Jun 2009
USPTO MANUAL OF CLASSIFICATIONS THESAURUS ISSUE DATE: Jun 2009

HCAplus now includes complete International Patent Classification (IPC)
reclassification data for the second quarter of 2009.

CAS Information Use Policies apply and are available at:

http://www.cas.org/legal/infopolicy.html

This file contains CAS Registry Numbers for easy and accurate
substance identification.

The ALL, BIB, MAX, and STD display formats in the CA/CAplus family
of databases have been updated to include new citing references
information. This enhancement may impact record import into
database management software. For additional information, refer
to NEWS 9.

=> s antipsychotic or risperidone or olanzapine or quetiapine or ziprasidone or aripiprazole or iloperidone or melperone or amperozide or perphenazine or trifluoroperazine or zotepine or fluphenthixol or amisulpride or sulpride

12384	ANTIPSYCHOTIC
3602	RISPERIDONE
3250	OLANZAPINE
1653	QUETIAPINE
1084	ZIPRASIDONE
1038	ARIPIPRAZOLE
110	ILOPERIDONE
195	MELPERONE
157	AMPEROZIDE
1771	PERPHENAZINE
481	TRIFLUOROPERAZINE
291	ZOTEPINE
6	FLUPHENTHIXOL
478	AMISULPRIDE
27	SULPRIDE

```
L1       17172 ANTIPSYCHOTIC OR RISPERIDONE OR OLANZAPINE OR QUETIAPINE OR ZIPR
               ASIDONE OR ARIPIPRAZOLE OR ILOPERIDONE OR MELPERONE OR AMPEROZID
               E OR PERPHENAZINE OR TRIFLUOROPERAZINE OR ZOTEPINE OR FLUPHENTHI
               XOL OR AMISULPRIDE OR SULPRIDE

=> s antidepressant or (selective serotonin reuptake inhibitor) or SSRI or
fluoxetine or norfluoxetine or paroxetine or sertaline or fluvoxamine or citalopram
          24648 ANTIDEPRESSANT
         493624 SELECTIVE
          78418 SEROTONIN
          12126 REUPTAKE
         624610 INHIBITOR
           2079 SELECTIVE SEROTONIN REUPTAKE INHIBITOR
                  (SELECTIVE(W)SEROTONIN(W)REUPTAKE(W)INHIBITOR)
           2153 SSRI
           7121 FLUOXETINE
            501 NORFLUOXETINE
           3971 PAROXETINE
              8 SERTALINE
           2242 FLUVOXAMINE
           3396 CITALOPRAM
L2       32609 ANTIDEPRESSANT OR (SELECTIVE SEROTONIN REUPTAKE INHIBITOR) OR
               SSRI OR FLUOXETINE OR NORFLUOXETINE OR PAROXETINE OR SERTALINE
               OR FLUVOXAMINE OR CITALOPRAM

=> s escitalopram or bupropion or nefazodone or mirtazapine or venlafaxine or
duloxetine or milnacipran or reboxetine zimelidine or indalpine or gepirone or
femoxetine or alaproclate

            723 ESCITALOPRAM
           1896 BUPROPION
            821 NEFAZODONE
           1059 MIRTAZAPINE
           2267 VENLAFAXINE
            947 DULOXETINE
            513 MILNACIPRAN
            672 REBOXETINE
            452 ZIMELIDINE
              0 REBOXETINE ZIMELIDINE
                  (REBOXETINE(W)ZIMELIDINE)
            142 INDALPINE
            359 GEPIRONE
            152 FEMOXETINE
            171 ALAPROCLATE
L3         6612 ESCITALOPRAM OR BUPROPION OR NEFAZODONE OR MIRTAZAPINE OR VENLAF
               AXINE OR DULOXETINE OR MILNACIPRAN OR REBOXETINE ZIMELIDINE OR
               INDALPINE OR GEPIRONE OR FEMOXETINE OR ALAPROCLATE

=> s suicide or suicidal or suicidality

           7625 SUICIDE
           1624 SUICIDAL
            191 SUICIDALITY
L4         8608 SUICIDE OR SUICIDAL OR SUICIDALITY

=> s l1 and l2 and (l3 or l4)

L5          612 L1 AND L2 AND (L3 OR L4)

=> s l5 and (PY<2003 or AY<2003 or PRY<2003)
```

```
      22984586 PY<2003
       4509781 AY<2003
       3979358 PRY<2003
L6          148 L5 AND (PY<2003 OR AY<2003 OR PRY<2003)

=> file stnguide

COST IN U.S. DOLLARS                                SINCE FILE      TOTAL
                                                       ENTRY    SESSION
FULL ESTIMATED COST                                     5.70       7.46

FILE 'STNGUIDE' ENTERED AT 16:31:35 ON 25 AUG 2009
USE IS SUBJECT TO THE TERMS OF YOUR CUSTOMER AGREEMENT
COPYRIGHT (C) 2009 AMERICAN CHEMICAL SOCIETY (ACS)

FILE CONTAINS CURRENT INFORMATION.
LAST RELOADED: Aug 21, 2009 (20090821/UP).

=> file hcaplus
COST IN U.S. DOLLARS                                SINCE FILE      TOTAL
                                                       ENTRY    SESSION
FULL ESTIMATED COST                                     0.07       7.53

FILE 'HCAPLUS' ENTERED AT 16:32:06 ON 25 AUG 2009
USE IS SUBJECT TO THE TERMS OF YOUR STN CUSTOMER AGREEMENT.
PLEASE SEE "HELP USAGETERMS" FOR DETAILS.
COPYRIGHT (C) 2009 AMERICAN CHEMICAL SOCIETY (ACS)


Copyright of the articles to which records in this database refer is
held by the publishers listed in the PUBLISHER (PB) field (available
for records published or updated in Chemical Abstracts after December
26, 1996), unless otherwise indicated in the original publications.
The CA Lexicon is the copyrighted intellectual property of the
American Chemical Society and is provided to assist you in searching
databases on STN.  Any dissemination, distribution, copying, or storing
of this information, without the prior written consent of CAS, is
strictly prohibited.

FILE COVERS 1907 - 25 Aug 2009  VOL 151 ISS 9
FILE LAST UPDATED: 24 Aug 2009  (20090824/ED)
REVISED CLASS FIELDS (/NCL) LAST RELOADED:  Jun 2009
USPTO MANUAL OF CLASSIFICATIONS THESAURUS ISSUE DATE:  Jun 2009

HCAplus now includes complete International Patent Classification (IPC)
reclassification data for the second quarter of 2009.

CAS Information Use Policies apply and are available at:

http://www.cas.org/legal/infopolicy.html

This file contains CAS Registry Numbers for easy and accurate
substance identification.

The ALL, BIB, MAX, and STD display formats in the CA/CAplus family
of databases have been updated to include new citing references
information.  This enhancement may impact record import into
database management software.  For additional information, refer
to NEWS 9.

=> s depression or depressive
```

```
         95095 DEPRESSION
         10789 DEPRESSIVE
L7       99340 DEPRESSION OR DEPRESSIVE

=> s l6 and l7

L8          51 L6 AND L7

=> file stnguide

COST IN U.S. DOLLARS                                SINCE FILE      TOTAL
                                                       ENTRY    SESSION
FULL ESTIMATED COST                                     2.85      10.38

FILE 'STNGUIDE' ENTERED AT 16:32:09 ON 25 AUG 2009
USE IS SUBJECT TO THE TERMS OF YOUR CUSTOMER AGREEMENT
COPYRIGHT (C) 2009 AMERICAN CHEMICAL SOCIETY (ACS)

FILE CONTAINS CURRENT INFORMATION.
LAST RELOADED: Aug 21, 2009 (20090821/UP).

=> d l8 1-51 ti
YOU HAVE REQUESTED DATA FROM FILE 'HCAPLUS' - CONTINUE? (Y)/N:y



L8   ANSWER 1 OF 51  HCAPLUS  COPYRIGHT 2009 ACS on STN
TI   Conjugated psychotropic drugs and uses thereof

L8   ANSWER 2 OF 51  HCAPLUS  COPYRIGHT 2009 ACS on STN
TI   Methods and compositions using cyclooxygenase 2 (COX-2) inhibitors for the
     treatment of psychiatric disorders, and combination therapies

L8   ANSWER 3 OF 51  HCAPLUS  COPYRIGHT 2009 ACS on STN
TI   Pharmaceutical compositions for prevention of overdose or abuse

L8   ANSWER 4 OF 51  HCAPLUS  COPYRIGHT 2009 ACS on STN
TI   Compositions and methods for the treatment of parkinson's disease and
     tardive dyskinesias with quinoline ring-containing neuromelanin-binding
     compounds

L8   ANSWER 5 OF 51  HCAPLUS  COPYRIGHT 2009 ACS on STN
TI   Carbostyril derivatives and serotonin reuptake inhibitors for treatment of
     mood disorders

L8   ANSWER 6 OF 51  HCAPLUS  COPYRIGHT 2009 ACS on STN
TI   Combinations of medicaments comprising an alcohol deterrent for treating
     alcohol dependence or alcohol abuse

L8   ANSWER 7 OF 51  HCAPLUS  COPYRIGHT 2009 ACS on STN
TI   Method of using a cyclooxygenase 2 (COX-2) inhibitor and a 5-HT1A receptor
     modulator as a combination therapy for pain, inflammation, and other
     conditions

L8   ANSWER 8 OF 51  HCAPLUS  COPYRIGHT 2009 ACS on STN
TI   Stereoisomers of p-hydroxy-milnacipran, and therapeutic use

L8   ANSWER 9 OF 51  HCAPLUS  COPYRIGHT 2009 ACS on STN
TI   Combination therapy for depression, prevention of
```

suicide, and various medical and psychiatric conditions

L8 ANSWER 10 OF 51 HCAPLUS COPYRIGHT 2009 ACS on STN
TI Combination of atypical antipsychotic and serotonin reuptake inhibitor for the treatment of chronic pain

L8 ANSWER 11 OF 51 HCAPLUS COPYRIGHT 2009 ACS on STN
TI Single nucleotide polymorphisms (SNPs) in human DGCR2 locus and neighboring loci associated with schizophrenia and their diagnostic and therapeutic uses

L8 ANSWER 12 OF 51 HCAPLUS COPYRIGHT 2009 ACS on STN
TI Association of SNPS in the COMT locus and neighboring loci with schizophrenia, bipolar disorder, breast cancer and colorectal cancer

L8 ANSWER 13 OF 51 HCAPLUS COPYRIGHT 2009 ACS on STN
TI Glucocorticoid blocking agents for increasing blood-brain barrier permeability

L8 ANSWER 14 OF 51 HCAPLUS COPYRIGHT 2009 ACS on STN
TI Methods and compositions using a cyclooxygenase 2 (COX-2) inhibitor for the treatment of psychiatric disorders

L8 ANSWER 15 OF 51 HCAPLUS COPYRIGHT 2009 ACS on STN
TI Nefazodone in Psychotic Unipolar and Bipolar Depression : A Retrospective Chart Analysis and Open Prospective Study on Its Efficacy and Safety versus Combined Treatment with Amitriptyline and Haloperidol

L8 ANSWER 16 OF 51 HCAPLUS COPYRIGHT 2009 ACS on STN
TI Collegium Internationale Neuro-Psychopharmacologicum (C.I.N.P.): XXIIIrd congress: Montreal, Canada, 23-27 June 2002

L8 ANSWER 17 OF 51 HCAPLUS COPYRIGHT 2009 ACS on STN
TI Use of cyclooxygenase 2 (COX-2) inhibitors for the treatment of schizophrenia, delusional disorders, affective disorders, autism, or tic disorders

L8 ANSWER 18 OF 51 HCAPLUS COPYRIGHT 2009 ACS on STN
TI Venlafaxine and reversible blepharoedema

L8 ANSWER 19 OF 51 HCAPLUS COPYRIGHT 2009 ACS on STN
TI Management of symptoms associated with advanced cancer: olanzapine and mirtazapine

L8 ANSWER 20 OF 51 HCAPLUS COPYRIGHT 2009 ACS on STN
TI Effects of psychotropic drugs on seizure threshold

L8 ANSWER 21 OF 51 HCAPLUS COPYRIGHT 2009 ACS on STN
TI (+)-1-(3,4-dichlorophenyl)-3-azabicyclo[3.1.0]hexane, compositions thereof, and uses as an anti-depressant agent

L8 ANSWER 22 OF 51 HCAPLUS COPYRIGHT 2009 ACS on STN
TI Administration of carvedilol to mitigate tardive movement disorders, psychosis, mania, and depression

L8 ANSWER 23 OF 51 HCAPLUS COPYRIGHT 2009 ACS on STN
TI Putting metabolic side effects into perspective: Risks versus benefits of atypical antipsychotics

L8 ANSWER 24 OF 51 HCAPLUS COPYRIGHT 2009 ACS on STN

TI Severe depression: is there a best approach?

L8 ANSWER 25 OF 51 HCAPLUS COPYRIGHT 2009 ACS on STN
TI Treatment of mood-congruent psychotic depression with imipramine

L8 ANSWER 26 OF 51 HCAPLUS COPYRIGHT 2009 ACS on STN
TI Treatment of suicidality in schizophrenia

L8 ANSWER 27 OF 51 HCAPLUS COPYRIGHT 2009 ACS on STN
TI Algorithm for the treatment of chronic depression

L8 ANSWER 28 OF 51 HCAPLUS COPYRIGHT 2009 ACS on STN
TI Tablets containing 2-hydroxymethylolanzapine

L8 ANSWER 29 OF 51 HCAPLUS COPYRIGHT 2009 ACS on STN
TI Methods and compositions for the treatment of neuroleptic and related disorders using sertindole derivatives

L8 ANSWER 30 OF 51 HCAPLUS COPYRIGHT 2009 ACS on STN
TI Serotoninergic agonists and antagonists for treatment of bronchoconstriction

L8 ANSWER 31 OF 51 HCAPLUS COPYRIGHT 2009 ACS on STN
TI Nefazodone in the adjunctive therapy of schizophrenia: An open-label exploratory study

L8 ANSWER 32 OF 51 HCAPLUS COPYRIGHT 2009 ACS on STN
TI A novel approach to the identification of psychiatric drugs: serotonin-glutamate interactions in the prefrontal cortex

L8 ANSWER 33 OF 51 HCAPLUS COPYRIGHT 2009 ACS on STN
TI Desmethylolanzapine compositions and methods

L8 ANSWER 34 OF 51 HCAPLUS COPYRIGHT 2009 ACS on STN
TI Pharmaceutical compositions containing olanzapine-N-oxide

L8 ANSWER 35 OF 51 HCAPLUS COPYRIGHT 2009 ACS on STN
TI 2-Hydroxymethylolanzapine compositions and methods

L8 ANSWER 36 OF 51 HCAPLUS COPYRIGHT 2009 ACS on STN
TI Dopamine and depression therapeutic implications

L8 ANSWER 37 OF 51 HCAPLUS COPYRIGHT 2009 ACS on STN
TI Combination therapy of atypical antipsychotics and serotonin reuptake inhibitors for treatment of bipolar disorders

L8 ANSWER 38 OF 51 HCAPLUS COPYRIGHT 2009 ACS on STN
TI Combination of 5-HT3 receptor antagonist and serotonin reuptake inhibitor for treatment of depression

L8 ANSWER 39 OF 51 HCAPLUS COPYRIGHT 2009 ACS on STN
TI Atypical antipsychotic agent-serotonin reuptake inhibitor combinations for therapy of refractory depression

L8 ANSWER 40 OF 51 HCAPLUS COPYRIGHT 2009 ACS on STN
TI Methods for treating neuropsychiatric disorders

L8 ANSWER 41 OF 51 HCAPLUS COPYRIGHT 2009 ACS on STN
TI Efficacy of SSRIs and newer antidepressants in severe depression : comparison with TCAs

L8 ANSWER 42 OF 51 HCAPLUS COPYRIGHT 2009 ACS on STN
TI Mirtazapine: A review of its use in major depression

L8 ANSWER 43 OF 51 HCAPLUS COPYRIGHT 2009 ACS on STN
TI Pharmacotherapy for personality disorders

L8 ANSWER 44 OF 51 HCAPLUS COPYRIGHT 2009 ACS on STN
TI Olanzapine response in psychotic depression

L8 ANSWER 45 OF 51 HCAPLUS COPYRIGHT 2009 ACS on STN
TI Bupropion treatment in veterans with posttraumatic stress disorder: an open study

L8 ANSWER 46 OF 51 HCAPLUS COPYRIGHT 2009 ACS on STN
TI Atypical antipsychotics for treatment of depression in schizophrenia and affective disorders

L8 ANSWER 47 OF 51 HCAPLUS COPYRIGHT 2009 ACS on STN
TI Serotonin 5-HT2 receptor antagonists: potential in the treatment of psychiatric disorders

L8 ANSWER 48 OF 51 HCAPLUS COPYRIGHT 2009 ACS on STN
TI Rational polypharmacy in the bipolar affective disorders

L8 ANSWER 49 OF 51 HCAPLUS COPYRIGHT 2009 ACS on STN
TI Serotonin-2 receptor-mediated intraplatelet calcium mobilization in affective disorders. Relevance to the pathophysiology of depression

L8 ANSWER 50 OF 51 HCAPLUS COPYRIGHT 2009 ACS on STN
TI Bupropion and thiothixene versus placebo and thiothixene in the treatment of depression in schizophrenia

L8 ANSWER 51 OF 51 HCAPLUS COPYRIGHT 2009 ACS on STN
TI Pharmacology in vivo of the phenylindan derivative, Lu 19005, a new potent inhibitor of dopamine, noradrenaline and 5-hydroxytryptamine uptake in rat brain

=> d 18 5 9 10 18 19 21 23 24 27 28 29 34 35 36 38 40 41 42 49 ti abs bib
YOU HAVE REQUESTED DATA FROM FILE 'HCAPLUS' - CONTINUE? (Y)/N:y

L8 ANSWER 5 OF 51 HCAPLUS COPYRIGHT 2009 ACS on STN
TI Carbostyril derivatives and serotonin reuptake inhibitors for treatment of mood disorders
AB The pharmaceutical composition of the present invention comprises (1) a carbostyril derivative and (2) a serotonin reuptake inhibitor in a pharmaceutically acceptable carrier. The carbostyril derivative may be aripiprazole or a metabolite thereof, which is a dopamine-serotonin system stabilizer. The serotonin reuptake inhibitor may be fluoxetine, duloxetine, venlafaxine, milnacipran, citalopram, fluvoxamine, paroxetine, sertraline or escitalopram. The pharmaceutical composition of the present invention is useful for treating patients with mood disorders, particularly depression or major depressive disorder. For example, a tablet formulation contained aripiprazole anhydride crystals B 5 mg, venlafaxine 75

mg, starch 131 mg, magnesium stearate 4 mg, and lactose 60 mg.

AN 2004:589419 HCAPLUS <<LOGINID::20090825>>

DN 141:128865

TI Carbostyril derivatives and serotonin reuptake inhibitors for treatment of mood disorders

IN Kikuchi, Tetsuro; Iwamoto, Taro; Hirose, Tsuyoshi

PA Otsuka Pharmaceutical Co., Ltd., Japan

SO PCT Int. Appl., 92 pp.

CODEN: PIXXD2

DT Patent

LA English

FAN.CNT 1

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE	
PI	WO 2004060374	A1	20040722	WO 2003-JP16724	20031225	<--
	W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BW, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, EG, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, KE, KG, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NI, NO, NZ, OM, PG, PH, PL, PT, RO, RU, SC, SD, SE, SG, SK, SL, SY, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, YU, ZA, ZM, ZW				
	RW: BW, GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZM, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM, AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE, IT, LU, MC, NL, PT, RO, SE, SI, SK, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG					
	CA 2511619	A1	20040722	CA 2003-2511619	20031225	<--
	AU 2003295235	A1	20040729	AU 2003-295235	20031225	<--
	AU 2003295235	B2	20080619			
	EP 1575590	A1	20050921	EP 2003-786308	20031225	<--
	EP 1575590	B1	20071024			
	R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, LT, LV, FI, RO, MK, CY, AL, TR, BG, CZ, EE, HU, SK					
	BR 2003017771	A	20051122	BR 2003-17771	20031225	<--
	CN 1726039	A	20060125	CN 2003-80106103	20031225	<--
	EP 1723957	A2	20061122	EP 2006-17539	20031225	<--
	R: AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE, IT, LI, LU, MC, NL, PT, RO, SE, SI, SK, TR, LT, LV					
	CN 1989968	A	20070704	CN 2007-10001620	20031225	<--
	NZ 540054	A	20070928	NZ 2003-540054	20031225	<--
	AT 376419	T	20071115	AT 2003-786308	20031225	<--
	ES 2295677	T3	20080416	ES 2003-786308	20031225	<--
	NZ 556779	A	20081224	NZ 2003-556779	20031225	<--
	RU 2356554	C2	20090527	RU 2005-123808	20031225	<--
	JP 2004217650	A	20040805	JP 2003-433429	20031226	<--
	JP 4284524	B2	20090624			
	NO 2005002359	A	20050718	NO 2005-2359	20050512	<--
	ZA 2005003873	A	20060830	ZA 2005-3873	20050513	<--
	MX 2005006857	A	20050818	MX 2005-6857	20050622	<--
	IN 2005KN01229	A	20060630	IN 2005-KN1229	20050624	<--
	KR 842694	B1	20080701	KR 2005-712073	20050624	<--
	US 20060154938	A1	20060713	US 2005-540577	20051216	<--
	KR 2007093001	A	20070914	KR 2007-717722	20070731	<--
	KR 858852	B1	20080917			
	IN 2007KN03698	A	20080125	IN 2007-KN3698	20071001	<--
PRAI	JP 2002-379003	A	20021227	<--		
	US 2003-470481P	P	20030514			
	CN 2003-80106103	A3	20031225			
	EP 2003-786308	A3	20031225			
	NZ 2003-540054	A3	20031225			
	WO 2003-JP16724	W	20031225			
	IN 2005-KN1229	A3	20050624			

KR 2005-712073 A3 20050624
ASSIGNMENT HISTORY FOR US PATENT AVAILABLE IN LSUS DISPLAY FORMAT
OSC.G 1 THERE ARE 1 CAPLUS RECORDS THAT CITE THIS RECORD (1 CITINGS)
RE.CNT 3 THERE ARE 3 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L8 ANSWER 9 OF 51 HCAPLUS COPYRIGHT 2009 ACS on STN
TI Combination therapy for depression, prevention of suicide, and various medical and psychiatric conditions
AB The present invention relates to a new method of treatment for persons meeting diagnoses for major depressive disorder, or other unipolar (non-bipolar, nonpsychotic and non-treatment resistant) depression. The method comprises administering a combination of two categories of drugs, antipsychotics or dopamine system stabilizers, in combination with a newer antidepressant such as a selective serotonin reuptake inhibitor , as initial treatment or as soon as possible. The method targets the prevention of suicide, and provides other benefits including preventing disease progression development of tolerance toward the antidepressants. Another aspect of the invention relates to using the method for alleviating cognitive distortion and related functional impairment or health risks, and/or using the method for smoking cessation or nicotine withdrawal.
AN 2004:100942 HCAPLUS <<LOGINID::20090825>>
DN 140:139528
TI Combination therapy for depression, prevention of suicide, and various medical and psychiatric conditions
IN Migaly, Peter
PA USA
SO PCT Int. Appl., 28 pp.
CODEN: PIXXD2
DT Patent
LA English
FAN.CNT 1

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	WO 2004010932	A2	20040205	WO 2003-US23326	20030725 <--
	WO 2004010932	A3	20040722		
	W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, OM, PH, PL, PT, RO, RU, SC, SD, SE, SG, SK, SL, TJ, TM, TN, TR, TT, TZ, UA, UG, UZ, VC, VN, YU, ZA, ZM, ZW				
	RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZM, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM, AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE, IT, LU, MC, NL, PT, RO, SE, SI, SK, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG				
	CA 2529857	A1	20040205	CA 2003-2529857	20030725 <--
	AU 2003268026	A1	20040216	AU 2003-268026	20030725 <--
	US 20040204401	A1	20041014	US 2003-627358	20030725 <--
	EP 1551393	A2	20050713	EP 2003-748977	20030725 <--
	R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, LT, LV, FI, RO, MK, CY, AL, TR, BG, CZ, EE, HU, SK				
	MX 2005000294	A	20050819	MX 2005-294	20050104 <--
PRAI	US 2002-319436P	P	20020730	<--	
	US 2003-627358	A	20030725		
	WO 2003-US23326	W	20030725		

OSC.G 5 THERE ARE 5 CAPLUS RECORDS THAT CITE THIS RECORD (5 CITINGS)
RE.CNT 2 THERE ARE 2 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L8 ANSWER 10 OF 51 HCAPLUS COPYRIGHT 2009 ACS on STN
TI Combination of atypical antipsychotic and serotonin reuptake inhibitor for the treatment of chronic pain
AB This invention relates to the use of the combined action of an atypical antipsychotic and a serotonin reuptake inhibitor for the treatment of chronic pain.
AN 2003:971923 HCAPLUS <<LOGINID::20090825>>
DN 140:88667
TI Combination of atypical antipsychotic and serotonin reuptake inhibitor for the treatment of chronic pain
IN Scheel-Krueger, Jorgen; Blackburn-Munro, Gordon John
PA Neurosearch A/S, Den.
SO PCT Int. Appl., 13 pp.
CODEN: PIXXD2
DT Patent
LA English
FAN.CNT 1

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	WO 2003101492	A2	20031211	WO 2003-DK353	20030527 <--
	WO 2003101492	A3	20040129		
	W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NI, NO, NZ, OM, PH, PL, PT, RO, RU, SC, SD, SE, SG, SK, SL, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, YU, ZA, ZM, ZW				
	RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZM, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM, AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE, IT, LU, MC, NL, PT, RO, SE, SI, SK, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG				
	AU 2003227521	A1	20031219	AU 2003-227521	20030527 <--
PRAI	DK 2002-833	A	20020530	<--	
	WO 2003-DK353	W	20030527		

OSC.G 1 THERE ARE 1 CAPLUS RECORDS THAT CITE THIS RECORD (1 CITINGS)
RE.CNT 2 THERE ARE 2 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L8 ANSWER 18 OF 51 HCAPLUS COPYRIGHT 2009 ACS on STN
TI Venlafaxine and reversible blepharoedema
AB The newer antidepressant venlafaxine is known to cause dilutional hyponatremia, but to our knowledge no reports on localized edemas in the absence of electrolyte disturbances are available. We present a case in which venlafaxine caused reversible blepharoedema in an otherwise phys. healthy patient. Ms. M., a 25-yr-old women, suffered from schizoaffective disorder since being 23 yr old. Upon administration of quetiapine, she completely recovered but relapsed twice due to medical non-compliance, resulting in the third hospitalization. Again, psychotic symptoms cleared upon prescription of 600 mg quetiapine; further, 45 mg mirtazapine was given. Quetiapine remained at a stable dose for 10 wk, mirtazapine for 2 wk; no side-effects were reported by the patient or observed by her physicians and no other medication was used. As she persistently complained about depressed mood, loss of motivation and drive, we addnl. administered 75 mg of retarded venlafaxine in the morning. The next day, marked bilateral and sym. blepharoedema could be noted which did not ache on palpation, but caused discomfort on eye movements, generally worrying Ms. M. She had no relevant past medical history besides her psychiatric disorder, especially no occurrence of allergic sensitivity, and had never experienced localized edema. No other edemas

were present, nor were other medical symptoms. Serum electrolytes were within the normal range. Believing that venlafaxine caused lid edema, we discontinued venlafaxine after the second day; within 24 h, the symptom completely vanished.

AN 2002:929206 HCAPLUS <<LOGINID::20090825>>
DN 140:139166
TI Venlafaxine and reversible blepharoedema
AU Reif, Andreas; Pfuhlmann, Bruno
CS Department of Psychiatry, Julius-Maximilians-University of Wuerzburg, Wuerzburg, 97080, Germany
SO International Journal of Neuropsychopharmacology (2002), 5(4), 413-414
CODEN: IJNUFB; ISSN: 1461-1457
PB Cambridge University Press
DT Journal
LA English
RE.CNT 6 THERE ARE 6 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L8 ANSWER 19 OF 51 HCAPLUS COPYRIGHT 2009 ACS on STN
TI Management of symptoms associated with advanced cancer: olanzapine and mirtazapine
AB A review. Advanced cancer patients are polysymptomatic and often receive multiple medications for symptom relief. Common symptoms include anorexia, weight loss, delirium and depression. Olanzapine and mirtazapine may have several advantages over older agents despite increased acquisition costs. Both medications can treat several symptoms with a low risk for drug-drug interactions and with only once- or twice-daily dosing. Drug side effects are low, compared with more conventionally used agents. The pharmacokinetics and pharmacodynamics of both agents are unique and explain many of the benefits. More research and clin. experience will be necessary to define their role in the palliation of advanced cancer.
AN 2002:720957 HCAPLUS <<LOGINID::20090825>>
DN 137:272678
TI Management of symptoms associated with advanced cancer: olanzapine and mirtazapine
AU Davis, Mellar P.; Khawam, Elias; Pozuelo, Leo; Lagman, Ruth
CS Harrhy R. Horvitz Cent. for Palliarive Med., Cleveland Clin. Found., Cleveland, OH, 44195, USA
SO Expert Review of Anticancer Therapy (2002), 2(4), 365-376
CODEN: ERATBJ; ISSN: 1473-7140
PB Future Drugs Ltd.
DT Journal; General Review
LA English
OSC.G 5 THERE ARE 5 CAPLUS RECORDS THAT CITE THIS RECORD (5 CITINGS)
RE.CNT 88 THERE ARE 88 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L8 ANSWER 21 OF 51 HCAPLUS COPYRIGHT 2009 ACS on STN
TI (+)-1-(3,4-dichlorophenyl)-3-azabicyclo[3.1.0]hexane, compositions thereof, and uses as an anti-depressant agent
AB The present invention relates to (+)-1-(3,4-dichlorophenyl)-3-azabicyclo[3.1.0]hexane and pharmaceutically acceptable salts thereof, compns. comprising (+)-1-(3,4-dichlorophenyl)-3-azabicyclo[3.1.0]hexane or a pharmaceutically acceptable salt thereof, and methods for treating or preventing depression in a patient comprising administering (+)-1-(3,4-dichlorophenyl)-3-azabicyclo[3.1.0]hexane or a pharmaceutically acceptable salt thereof. The (+)-1-(3,4-dichlorophenyl)-3-azabicyclo[3.1.0]hexane or pharmaceutically acceptable salt thereof is preferably substantially free of its corresponding (-)-enantiomer. The +

isomer is obtained by HPLC resolution on a CHIRALPAK AD column. The + isomer has greater affinity for both norepinephrine and serotonin uptake sites in rat forebrain membranes than the ± compound The + isomer is administered along with a known antidepressant, anxiolytic, antipsychotic or antiobesity agent in treatment of various depression conditions including depression associated with anxiety, seizures, menopause, alcoholism, etc.

AN 2002:290820 HCAPLUS <<LOGINID::20090825>>

DN 136:304102

TI (+)-1-(3,4-dichlorophenyl)-3-azabicyclo[3.1.0]hexane, compositions thereof, and uses as an anti-depressant agent

IN Lippa, Arnold Stan; Epstein, Joseph William

PA Dov Pharmaceutical, Inc., USA

SO U.S., 7 pp.
CODEN: USXXAM

DT Patent

LA English

FAN.CNT 4

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE	
PI	US 6372919	B1	20020416	US 2001-758883	20010111	<--
	CA 2434616	A1	20020829	CA 2002-2434616	20020111	<--
	WO 2002066427	A2	20020829	WO 2002-US845	20020111	<--
	WO 2002066427	A3	20030313			
	W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, OM, PH, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VN, YU, ZA, ZM, ZW					
	RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZM, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG					
	AU 2002251758	A1	20020904	AU 2002-251758	20020111	<--
	AU 2002251758	B2	20080103			
	EP 1349835	A2	20031008	EP 2002-720783	20020111	<--
	R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, LT, LV, FI, RO, MK, CY, AL, TR					
	HU 2003002613	A2	20031128	HU 2003-2613	20020111	<--
	HU 2003002613	A3	20070928			
	BR 2002006434	A	20031230	BR 2002-6434	20020111	<--
	CN 1496349	A	20040512	CN 2002-806351	20020111	<--
	ZA 2003005440	A	20040715	ZA 2003-5440	20020111	<--
	JP 2005500983	T	20050113	JP 2002-565944	20020111	<--
	NZ 527101	A	20050826	NZ 2002-527101	20020111	<--
	RU 2294926	C2	20070310	RU 2003-124649	20020111	<--
	CN 101461804	A	20090624	CN 2008-10185945	20020111	<--
	NO 2003003165	A	20030904	NO 2003-3165	20030710	<--
	NO 325709	B1	20080707			
	MX 2003006210	A	20041015	MX 2003-6210	20030711	<--
	IN 2003CN01224	A	20051118	IN 2003-CN1224	20030807	<--
	US 20040132797	A1	20040708	US 2004-466457	20040210	<--
	US 7098229	B2	20060829			
PRAI	US 2001-758883	A	20010111	<--		
	CN 2002-806351	A3	20020111	<--		
	WO 2002-US845	W	20020111	<--		

ASSIGNMENT HISTORY FOR US PATENT AVAILABLE IN LSUS DISPLAY FORMAT

OSC.G 2 THERE ARE 2 CAPLUS RECORDS THAT CITE THIS RECORD (2 CITINGS)

RE.CNT 28 THERE ARE 28 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L8 ANSWER 23 OF 51 HCAPLUS COPYRIGHT 2009 ACS on STN
TI Putting metabolic side effects into perspective: Risks versus benefits of atypical antipsychotics
AB A review. The lengthy list of the side effects and morbidity associated with the atypical antipsychotics might make a patient with psychosis and his or her caregivers so concerned about the use of any of these medications, particularly those associated with a higher risk of diabetes, weight gain, or increased lipid levels, that they would prefer to avoid all of them. However, schizophrenia is associated with a relatively high risk for several diseases, including diabetes, that is independent of the risks that are linked to atypical antipsychotic use. Therefore, the clinician who might think, "Why use atypicals if using the typical drugs will escape the problems of monitoring and all the associated effects of diabetes and hyperglycemia" needs to know that these problems cannot be avoided simply by choosing typical antipsychotics. Clinicians, patients, and concerned family members must balance the significant benefits of atypical antipsychotic treatment - improved cognition, reduced suicidality, and less depression - against the risks of metabolic disturbances and select a course of treatment that includes a realistic monitoring program.
AN 2002:75124 HCAPLUS <<LOGINID::20090825>>
DN 136:272542
TI Putting metabolic side effects into perspective: Risks versus benefits of atypical antipsychotics
AU Meltzer, Herbert Y.
CS Department of Psychiatry and Pharmacology, Division of Psychopharmacology, Vanderbilt University Medical Center, Nashville, TN, 37212, USA
SO Journal of Clinical Psychiatry (2001), 62(Suppl. 27), 35-39
CODEN: JCLPDE; ISSN: 0160-6689
PB Physicians Postgraduate Press, Inc.
DT Journal; General Review
LA English
OSC.G 6 THERE ARE 6 CAPLUS RECORDS THAT CITE THIS RECORD (6 CITINGS)
RE.CNT 47 THERE ARE 47 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L8 ANSWER 24 OF 51 HCAPLUS COPYRIGHT 2009 ACS on STN
TI Severe depression: is there a best approach?
AB A review. A major depressive episode can be categorized as severe based on depressive symptoms, scores on depression rating scales, the need for hospitalization, depressive subtypes, functional capacity, level of suicidality and the impact that the depression has on the patient. Several biol., psychol. and social factors, and the presence of comorbid psychiatric or medical illnesses, impact on depression severity. A number of factors are reported to influence outcome in severe depression, including duration of illness before treatment, severity of the index episode, treatment modality used, and dosage and duration of and compliance with treatment. Potential complications of untreated severe depression include suicide, self-mutilation and refusal to eat, and treatment resistance. Several antidepressants have been studied in the treatment of severe depression. These include tricyclic antidepressants (TCAs), selective serotonin reuptake inhibitors (SSRIs), serotonin-noradrenaline (norepinephrine) reuptake inhibitors, noradrenergic and specific serotonergic antidepressants, serotonin 5-HT2 receptor antagonists, monoamine oxidase inhibitors, and amfebutamone (bupropion). More recently, atypical antipsychotics have shown some utility in the management of severe and resistant depression. Data on the differential efficacy of TCAs vs. SSRIs and the newer antidepressants in severe depression are mixed. Some studies have reported that

TCAs are more efficacious than SSRIs; however, more recent studies have shown that TCAs and SSRIs have equivalent efficacy. There are reports that some of the newer antidepressants may be more effective than SSRIs in the treatment of severe depression, although the sample sizes in some of these studies were small. Combination therapy has been reported to be effective. The use of an SSRI-TCA combination, while somewhat controversial, may rapidly reduce depressive symptoms in some patients with severe depression. The combination of an antidepressant and an antipsychotic drug is promising and may be considered for severe depression with psychotic features. Although the role of cognitive behavior therapy (CBT) in severe depression has not been adequately studied, a trial of CBT may be considered in severely depressed patients whose symptoms respond poorly to an adequate antidepressant trial, who are intolerant of antidepressants, have contraindications to pharmacotherapy, and who refuse medication or other somatic therapy. A combination of CBT and antidepressants may also be beneficial in some patients. Electroconvulsive therapy (ECT) may be indicated in severe psychotic depression, severe melancholic depression, resistant depression, and in patients intolerant of antidepressant medications and those with medical illnesses which contraindicate the use of antidepressants (e.g. renal, cardiac or hepatic disease).

AN 2001:908128 HCAPLUS <<LOGINID::20090825>>
DN 136:193477
TI Severe depression: is there a best approach?
AU Sonawalla, Shamsah B.; Fava, Maurizio
CS Depression Clinical and Research Program, Harvard Medical School, Massachusetts General Hospital, Boston, MA, USA
SO CNS Drugs (2001), 15(10), 765-776
CODEN: CNDREF; ISSN: 1172-7047
PB Adis International Ltd.
DT Journal; General Review
LA English
OSC.G 21 THERE ARE 21 CAPLUS RECORDS THAT CITE THIS RECORD (21 CITINGS)
RE.CNT 105 THERE ARE 105 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L8 ANSWER 27 OF 51 HCAPLUS COPYRIGHT 2009 ACS on STN
TI Algorithm for the treatment of chronic depression
AB A review with 41 refs. Chronic depression, which is marked by a course of illness lasting 2 yr or more, encompasses 4 subtypes of depressive illness: (1) chronic major depressive disorder, (2) dysthymic disorder, (3) dysthymic disorder with major depressive disorder ("double depression"), and (4) major depressive disorder with poor interepisodic recovery (i.e., in incomplete remission). In the 1990s, chronic depression had a reported prevalence rate of 3% to 5% and accounted for 30% to 35% of all cases of depression in the United States. The authors present an algorithm modified from the Texas Medication Algorithm Project for patients with chronic depression. This treatment algorithm recommends a progression of steps or stages in treating chronic depression. The first stage is monotherapy with the selective serotonin reuptake inhibitors, nefazodone, bupropion sustained release, venlafaxine extended release, mirtazapine, or psychotherapy. Later options include combination therapy, electroconvulsive therapy, atypical antipsychotics, and novel treatments. Utilization of a comprehensive treatment algorithm for chronic major depression should encourage efficient, efficacious treatment.
AN 2001:311359 HCAPLUS <<LOGINID::20090825>>
DN 135:220442

TI Algorithm for the treatment of chronic depression
AU Trivedi, Madhukar H.; Kleiber, Beverly A.
CS Depression and Anxiety Disorders Program, Southwestern Medical Center at Dallas, The University of Texas, Dallas, TX, 75390-9101, USA
SO Journal of Clinical Psychiatry (2001), 62(Suppl. 6), 22-29
    CODEN: JCLPDE; ISSN: 0160-6689
PB Physicians Postgraduate Press, Inc.
DT Journal; General Review
LA English
OSC.G 1   THERE ARE 1 CAPLUS RECORDS THAT CITE THIS RECORD (1 CITINGS)
RE.CNT 41 THERE ARE 41 CITED REFERENCES AVAILABLE FOR THIS RECORD
            ALL CITATIONS AVAILABLE IN THE RE FORMAT

L8 ANSWER 28 OF 51 HCAPLUS COPYRIGHT 2009 ACS on STN
TI Tablets containing 2-hydroxymethylolanzapine
AB Methods and compns. are disclosed utilizing 2-hydroxymethylolanzapine (I) for the treatment of psychosis in humans. I exhibits a low tendency toward drug-drug interactions and a more predictable dosing regimen than olanzapine. I is also useful for the treatment of acute mania, mild anxiety states, anxiety disorders, schizophrenia, bipolar disorder, attention deficit hyperactivity disorder, autistic disorder, excessive aggression, substance abuse, depressive signs and symptoms, tic disorder, functional bowel disorder and fungal dermatitis. Thus, tablets contained I 20, croscarmellose 60, colloidal SiO2 8, Mg stearate 1, microcryst. cellulose 190, Croscarmellose 15, and talc 10 mg.
AN 2001:45171 HCAPLUS <<LOGINID::20090825>>
DN 134:91165
TI Tablets containing 2-hydroxymethylolanzapine
IN Yelle, William E.
PA Sepracor Inc., USA
SO U.S., 6 pp.
    CODEN: USXXAM
DT Patent
LA English
FAN.CNT 2

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI US 6174882	B1	20010116	US 1999-444160	19991122 <--
US 6346528	B1	20020212	US 2000-690357	20001017 <--
PRAI US 1998-109552P	P	19981123 <--		
US 1999-444160	A3	19991122 <--		

OSC.G 1   THERE ARE 1 CAPLUS RECORDS THAT CITE THIS RECORD (1 CITINGS)
RE.CNT 36 THERE ARE 36 CITED REFERENCES AVAILABLE FOR THIS RECORD
            ALL CITATIONS AVAILABLE IN THE RE FORMAT

L8 ANSWER 29 OF 51 HCAPLUS COPYRIGHT 2009 ACS on STN
TI Methods and compositions for the treatment of neuroleptic and related disorders using sertindole derivatives
AB The invention relates to novel methods using, and pharmaceutical compns. and dosage forms comprising, sertindole derivs. Sertindole derivs. include, but are not limited to, nor-sertindole, 5-oxo-sertindole, dehydro-sertindole, and dehydro-nor-sertindole. The methods of the invention are directed to the treatment and prevention of neuroleptic and related disorders such as, but are not limited to, psychotic disorders, depression, anxiety, substance addiction, memory impairment and pain. For example, capsules were prepared containing a sertindole derivative 50.0
    mg, lactose 48.5 mg, TiO2 0.5 mg, and Mg stearate 1.0 mg.
AN 2000:861482 HCAPLUS <<LOGINID::20090825>>
DN 134:32977
TI Methods and compositions for the treatment of neuroleptic and related

disorders using sertindole derivatives
IN Jerussi, Thomas P.
PA Sepracor Inc., USA
SO PCT Int. Appl., 33 pp.
CODEN: PIXXD2
DT Patent
LA English
FAN.CNT 1

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	WO 2000072837	A2	20001207	WO 2000-US14984	20000531 <--
	WO 2000072837	A3	20010517		

W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, CA, CH, CN, CR, CU, CZ, DE, DK, DM, DZ, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, TZ, UA, UG, UZ, VN, YU, ZA, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM
RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG

	US 6489341	B1	20021203	US 2000-580492	20000530 <--
PRAI	US 1999-137447P	P	19990602	<--	
	US 2000-580492	A	20000530	<--	

ASSIGNMENT HISTORY FOR US PATENT AVAILABLE IN LSUS DISPLAY FORMAT
OSC.G 2 THERE ARE 2 CAPLUS RECORDS THAT CITE THIS RECORD (2 CITINGS)
RE.CNT 3 THERE ARE 3 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L8 ANSWER 34 OF 51 HCAPLUS COPYRIGHT 2009 ACS on STN
TI Pharmaceutical compositions containing olanzapine-N-oxide
AB Methods and compns. are disclosed utilizing olanzapine-N-oxide for the treatment of psychosis in humans. Olanzapine-N-oxide exhibits a lessened liability toward drug-drug interactions than olanzapine and a more predictable dosing regimen than olanzapine. Olanzapine-N-oxide is also useful for the treatment of acute mania, mild anxiety states, anxiety disorders, schizophrenia, bipolar disorder, attention deficit hyperactivity disorder, autistic disorder, excessive aggression, substance abuse, depressive signs and symptoms, tic disorder, functional bowel disorder and fungal dermatitis. The invention also relates to pharmaceutical compns. comprising olanzapine-N-oxide. E.g., preparation of tablets containing olanzapine-N-oxide 10 and 20 mg was described.
AN 2000:577484 HCAPLUS <<LOGINID::20090825>>
DN 133:144934
TI Pharmaceutical compositions containing olanzapine-N-oxide
IN Yelle, William E.
PA Sepracor Inc., USA
SO PCT Int. Appl., 21 pp.
CODEN: PIXXD2
DT Patent
LA English
FAN.CNT 1

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	WO 2000030649	A1	20000602	WO 1999-US27644	19991122 <--

W: AE, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, CA, CH, CN, CR, CU, CZ, DE, DK, DM, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI,

```
            SK, SL, TJ, TM, TR, TT, TZ, UA, UG, UZ, VN, YU, ZA, ZW
         RW: GH, GM, KE, LS, MW, SD, SL, SZ, TZ, UG, ZW, AT, BE, CH, CY, DE,
            DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF,
            CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG
     CA 2351719          A1    20000602    CA 1999-2351719         19991122 <--
     US 6121259          A     20000919    US 1999-444159          19991122 <--
     EP 1135136          A1    20010926    EP 1999-961750          19991122 <--
     EP 1135136          B1    20031105
        R:  AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT,
            IE, SI, LT, LV, FI, RO
     JP 2002530340       T     20020917    JP 2000-583532          19991122 <--
     AU 757870           B2    20030306    AU 2000-18266           19991122 <--
     AT 253364           T     20031115    AT 1999-961750          19991122 <--
     ES 2211205          T3    20040701    ES 1999-961750          19991122 <--
     US 6352984          B1    20020305    US 2000-632584          20000807 <--
     US 20020065272      A1    20020530    US 2001-16205           20011030 <--
PRAI US 1998-109551P     P     19981123  <--
     US 1999-444159      A3    19991122  <--
     WO 1999-US27644     W     19991122  <--
     US 2000-632584      A3    20000807  <--
OSC.G   5     THERE ARE 5 CAPLUS RECORDS THAT CITE THIS RECORD (5 CITINGS)
RE.CNT  6     THERE ARE 6 CITED REFERENCES AVAILABLE FOR THIS RECORD
              ALL CITATIONS AVAILABLE IN THE RE FORMAT

L8   ANSWER 35 OF 51  HCAPLUS  COPYRIGHT 2009 ACS on STN
TI   2-Hydroxymethylolanzapine compositions and methods
AB   Methods and compns. are disclosed using 2-hydroxymethylolanzapine for the
     treatment of psychosis in humans.  2-Hydroxymethylolanzapine exhibits a
     lessened liability toward drug-drug interactions than olanzapine
     and a more predictable dosing regimen than olanzapine.
     2-Hydroxymethylolanzapine is also useful for the treatment of acute mania,
     mild anxiety states, anxiety disorders, schizophrenia, bipolar disorder,
     attention deficit hyperactivity disorder, autistic disorder, excessive
     aggression, substance abuse, depressive signs and symptoms, tic
     disorder, functional bowel disorder and fungal dermatitis.
AN   2000:577483  HCAPLUS <<LOGINID::20090825>>
DN   133:144933
TI   2-Hydroxymethylolanzapine compositions and methods
IN   Yelle, William E.
PA   Sepracor Inc., USA
SO   PCT Int. Appl., 22 pp.
     CODEN: PIXXD2
DT   Patent
LA   English
FAN.CNT 2
     PATENT NO.          KIND   DATE        APPLICATION NO.         DATE
     --------------      ----   --------    --------------------    --------
PI   WO 2000030648       A1     20000602    WO 1999-US27640         19991122 <--
         W:  AE, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, CA, CH, CN, CR, CU,
             CZ, DE, DK, DM, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL,
             IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA,
             MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI,
             SK, SL, TJ, TM, TR, TT, TZ, UA, UG, UZ, VN, YU, ZA, ZW
         RW: GH, GM, KE, LS, MW, SD, SL, SZ, TZ, UG, ZW, AT, BE, CH, CY, DE,
             DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF,
             CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG
     CA 2352611          A1     20000602    CA 1999-2352611         19991122 <--
     EP 1133299          A1     20010919    EP 1999-959066          19991122 <--
        R:  AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT,
            IE, SI, LT, LV, FI, RO
     JP 2002530339       T      20020917    JP 2000-583531          19991122 <--
```

```
     AU 757874            B2    20030306    AU 2000-16315          19991122 <--
PRAI US 1998-109552P      P     19981123  <--
     WO 1999-US27640      W     19991122  <--
OSC.G   3     THERE ARE 3 CAPLUS RECORDS THAT CITE THIS RECORD (3 CITINGS)
RE.CNT  11    THERE ARE 11 CITED REFERENCES AVAILABLE FOR THIS RECORD
              ALL CITATIONS AVAILABLE IN THE RE FORMAT

L8   ANSWER 36 OF 51  HCAPLUS  COPYRIGHT 2009 ACS on STN
TI   Dopamine and depression therapeutic implications
AB   A review with 83 refs.  The mesolimbic dopaminergic system functions as a
     major reward pathway in the CNS and is an appropriate target for
     antidepressant drugs.  This review describes the principal
     features of drugs such as amfebutamone (bupropion) which
     activate the mesolimbic system without inducing strong neuroadaptation and
     are therefore useful in the treatment of retarded (or inhibited)
     depression.  The short latency of clin. action makes these drugs
     particularly suitable for the treatment of patients with severe
     depression or those who are poorly compliant with other
     medications.  Addnl. dopaminergic antidepressants include minaprine and
     amisulpride.  The latter drug potentiates dopaminergic
     transmission through an atypical mechanism, i.e., the inhibition of
     dopamine autoreceptors controlling the synthesis and release of dopamine.
     Finally, a number of drugs that are not considered as classical
     "dopaminergic" antidepressants, such as tricyclic antidepressants or
     selective serotonin (5-hydroxytryptamine; 5-HT) reuptake inhibitors, can
     also affect dopaminergic transmission, as indicated for example by their
     ability to induce changes in brain dopamine receptor d.  This further
     supports the importance of central dopaminergic transmission in the
     pathophysiol. of depression.
AN   2000:92738  HCAPLUS <<LOGINID::20090825>>
DN   132:232035
TI   Dopamine and depression therapeutic implications
AU   Rampello, Liborio; Nicoletti, Ferdinando; Nicoletti, Francesco
CS   Institute of Neurological Sciences, Policlinico Universitario, University
     of Catania, Catania, Italy
SO   CNS Drugs (2000), 13(1), 35-45
     CODEN: CNDREF; ISSN: 1172-7047
PB   Adis International Ltd.
DT   Journal; General Review
LA   English
OSC.G   6     THERE ARE 6 CAPLUS RECORDS THAT CITE THIS RECORD (6 CITINGS)
RE.CNT  83    THERE ARE 83 CITED REFERENCES AVAILABLE FOR THIS RECORD
              ALL CITATIONS AVAILABLE IN THE RE FORMAT

L8   ANSWER 38 OF 51  HCAPLUS  COPYRIGHT 2009 ACS on STN
TI   Combination of 5-HT3 receptor antagonist and serotonin reuptake inhibitor
     for treatment of depression
AB   The present invention provides a method for treating a patient suffering
     from depression, comprising administering to said patient an
     effective amount of a first component which is a 5-HT3 receptor antagonist,
     in combination with an effective amount of a second component which is a
     serotonin reuptake inhibitor wherein improvement in sexual dysfunction
     and/or reduction in gastrointestinal side effects is recognized.  Various
     formulations were prepared  E.g., a tablet was prepared using zatosetron 10,
     fluoxetine HCl 10, microcryst. cellulose 275, fumed silica 10, and
     stearic acid 5 mg, resp.
AN   1999:753081  HCAPLUS <<LOGINID::20090825>>
DN   131:346552
TI   Combination of 5-HT3 receptor antagonist and serotonin reuptake inhibitor
     for treatment of depression
IN   Michelson, David; Tollefson, Gary Dennis
```

PA Eli Lilly and Company, USA
SO PCT Int. Appl., 25 pp.
CODEN: PIXXD2
DT Patent
LA English
FAN.CNT 1

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI WO 9959593	A1	19991125	WO 1999-US10092	19990510 <--
W: AE, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, CA, CH, CN, CU, CZ, DE, DK, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, UA, UG, US, UZ, VN, YU, ZA, ZW				
RW: GH, GM, KE, LS, MW, SD, SL, SZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG				
CA 2332253	A1	19991125	CA 1999-2332253	19990510 <--
AU 9938912	A	19991206	AU 1999-38912	19990510 <--
EP 1077704	A1	20010228	EP 1999-921795	19990510 <--
R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, PT, IE, SI, LT, LV, FI, RO				
JP 2002515435	T	20020528	JP 2000-549258	19990510 <--
PRAI US 1998-86268P	P	19980521	<--	
WO 1999-US10092	W	19990510	<--	

OSC.G 6 THERE ARE 6 CAPLUS RECORDS THAT CITE THIS RECORD (8 CITINGS)
RE.CNT 7 THERE ARE 7 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L8 ANSWER 40 OF 51 HCAPLUS COPYRIGHT 2009 ACS on STN
TI Methods for treating neuropsychiatric disorders
AB The invention provides methods for treating neuropsychiatric disorders such as schizophrenia, Alzheimer's Disease, autism, depression, benign forgetfulness, childhood learning disorders, close head injury, and attention deficit disorder. The methods entail administering to a patient with a neuropsychiatric disorder a pharmaceutical composition containing (i) a therapeutically effective amount of D-alanine (or a modified form), provided that the composition is substantially free of D-cycloserine, and/or (ii) D-serine (or a modified form), and/or (iii) 105 to 500 mg of D-cycloserine (or a modified form), and/or (iv) N-methylglycine (or a modified form). Using double-blind conditions, patients were randomly assigned to receive placebo (fruit juice), D-serine 30, D-alanine 60-100, or N-methylglycine 30 mg/kg/day once a day by mouth for 6 wk. Treatment with D-serine, D-alanine, or N-methylglycine improved the schizophrenic symptoms and cognitive deficit of the patients. Specifically, treatment with D-serine resulted in a 21% reduction of the neg. symptoms (on the SANS scale), and it resulted in a 17% reduction of the pos. symptoms. Treatment with D-alanine resulted in an 11% reduction of the neg. symptoms and a 12% reduction of the pos.
symptoms. Reatment with N-methylglycine resulted in a 20% reduction of the neg. symptoms and a 15% reduction of the pos. symptoms. These redns. in the neg. and pos. symptoms represented clin. significant improvement.
AN 1999:672562 HCAPLUS <<LOGINID::20090825>>
DN 131:281590
TI Methods for treating neuropsychiatric disorders
IN Tsai, Guochuan; Coyle, Joseph
PA The General Hospital Corporation, USA
SO PCT Int. Appl., 27 pp.
CODEN: PIXXD2
DT Patent
LA English

FAN.CNT 1

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE	
PI	WO 9952519	A2	19991021	WO 1999-US8056	19990414	<--
	WO 9952519	A3	19991202			
	W: AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, CA, CH, CN, CU, CZ, DE, DK, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, UA, UG, UZ, VN, YU, ZW					
	RW: GH, GM, KE, LS, MW, SD, SL, SZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG					
	CA 2328197	A1	19991021	CA 1999-2328197	19990414	<--
	CA 2328197	C	20071120			
	CA 2601132	A1	19991021	CA 1999-2601132	19990414	<--
	AU 9935571	A	19991101	AU 1999-35571	19990414	<--
	AU 765603	B2	20030925			
	EP 1073432	A2	20010207	EP 1999-917453	19990414	<--
	EP 1073432	B1	20070815			
	R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, FI, CY					
	US 6228875	B1	20010508	US 1999-291296	19990414	<--
	HU 2001001627	A2	20011028	HU 2001-1627	19990414	<--
	HU 2001001627	A3	20030228			
	JP 2002511409	T	20020416	JP 2000-543129	19990414	<--
	RU 2219924	C2	20031227	RU 2000-128654	19990414	<--
	NZ 508160	A	20040130	NZ 1999-508160	19990414	<--
	IL 139008	A	20060221	IL 1999-139008	19990414	<--
	AT 369848	T	20070915	AT 1999-917453	19990414	<--
	EP 1844769	A2	20071017	EP 2007-75595	19990414	<--
	R: AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LI, LU, MC, NL, PT, SE					
	ES 2164040	T3	20080201	ES 1999-917453	19990414	<--
	MX 2000010009	A	20010521	MX 2000-10009	20001013	<--
	US 20020035145	A1	20020321	US 2001-834351	20010413	<--
	US 6420351	B2	20020716			
	HK 1036583	A1	20080606	HK 2001-105482	20010807	<--
	US 20020193429	A1	20021219	US 2002-196686	20020715	<--
	US 6667297	B2	20031223			
	US 20040092530	A1	20040513	US 2003-668583	20030923	<--
	US 6974821	B2	20051213			
	US 20050250851	A1	20051110	US 2005-175832	20050705	<--
PRAI	US 1998-81645P	P	19980414	<--		
	US 1998-81654P	P	19980414	<--		
	CA 1999-2328197	A3	19990414	<--		
	EP 1999-917453	A3	19990414	<--		
	US 1999-291296	A1	19990414	<--		
	WO 1999-US8056	W	19990414	<--		
	US 2001-834351	A1	20010413	<--		
	US 2002-196686	A1	20020715	<--		
	US 2003-668583	A1	20030923			

ASSIGNMENT HISTORY FOR US PATENT AVAILABLE IN LSUS DISPLAY FORMAT
OSC.G 20 THERE ARE 20 CAPLUS RECORDS THAT CITE THIS RECORD (21 CITINGS)
RE.CNT 8 THERE ARE 8 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L8 ANSWER 41 OF 51 HCAPLUS COPYRIGHT 2009 ACS on STN
TI Efficacy of SSRIs and newer antidepressants in severe depression : comparison with TCAs
AB A review with 58 refs. The significant morbidity and mortality associated

with severe depression and its psychotic or melancholic subtypes necessitate effective and well-tolerated therapy. This review evaluates antidepressant treatments for patients with severe depression. Comparative clin. trials conducted on patients with severe depression were found by an English-language MEDLINE search (1985 to present). Addnl. studies were identified in article bibliogs. Search terms included depressive disorders, depression and severe, hospitalized, melancholic or melancholia, psychotic, and endogenous. Evidence for efficacy of SSRIs in severe or melancholic depression comes from a small but growing number of controlled studies with adequate samples, as well as meta-analyses and retrospective subgroup anal. of premarketing trials. In studies that defined response as a 50% or greater reduction in Hamilton Rating Scale for Depression (HAM-D) scores, response rates ranged from 53% to 64% for SSRIs and 43% to 70% for TCAs. In sep. trials on severe depression, venlafaxine and mirtazapine were both more effective than placebo and an active comparator. Nefazodone and bupropion were each found to be more effective than placebo in studies of severe depression. Venlafaxine and mirtazapine have been found to be more effective than fluoxetine. SSRIs and TCAs are comparably effective for the treatment of severe or melancholic depression. SSRIs and other newer agents appear to be better tolerated than TCAs, specifically lacking adverse anticholinergic and cardiovascular effects that may limit the use of TCAs. Emerging data with venlafaxine and mirtazapine in severely depressed patients with or without melancholia support the efficacy of these treatments. Nefazodone and bupropion were found to be effective in hospitalized depressed patients. Electroconvulsive therapy (ECT) or combined antidepressant therapy may be useful in some patients with severe depression. Patients with severe psychotic depression may respond better to an antipsychotic-antidepressant combination.

AN 1999:402615 HCAPLUS <<LOGINID::20090825>>
DN 131:82427
TI Efficacy of SSRIs and newer antidepressants in severe depression : comparison with TCAs
AU Hirschfeld, Robert M. A.
CS Department of Psychiatry and Behavioral Sciences, The University of Texas-Medical Branch, Galveston, TX, 77555, USA
SO Journal of Clinical Psychiatry (1999), 60(5), 326-335
CODEN: JCLPDE; ISSN: 0160-6689
PB Physicians Postgraduate Press, Inc.
DT Journal; General Review
LA English
OSC.G 28 THERE ARE 28 CAPLUS RECORDS THAT CITE THIS RECORD (28 CITINGS)
RE.CNT 58 THERE ARE 58 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L8 ANSWER 42 OF 51 HCAPLUS COPYRIGHT 2009 ACS on STN
TI Mirtazapine: A review of its use in major depression
AB A review with 107 refs. Mirtazapine is a noradrenergic and specific serotonergic antidepressant which has been evaluated predominantly in the treatment of major depression. The drug had efficacy equivalent to that of tricyclic antidepressants and it was at least as effective as trazodone in the majority of available short-term trials in patients with moderate or severe depression, including those with basal anxiety symptoms or sleep disturbance and the elderly. A continuation study also showed that sustained remission rates were higher with mirtazapine than with amitriptyline and that the drugs had similar efficacy for the prevention of relapse. There is some evidence

for a faster onset of action with mirtazapine than with the selective serotonin reuptake inhibitors (SSRIs). Mirtazapine was more effective than the SSRI fluoxetine after 3 and 4 wk of therapy and it was also more effective than paroxetine and citalopram after 1 and 2 wk, resp., in short-term assessments (6 or 8 wk). Preliminary data suggest that the drug may be effective as an augmentation or combination therapy in patients with refractory depression. Anticholinergic events and other events, including tremor and dyspepsia, are less common with mirtazapine than with tricyclic antidepressants. There was a greater tendency for SSRI-related adverse events with fluoxetine than with mirtazapine, but, overall, mirtazapine had a tolerability profile similar to that of the SSRIs. Increased appetite and body-weight gain appear to be the only events that are reported more often with mirtazapine than with comparator antidepressants. In vitro and in vivo data have suggested that mirtazapine is unlikely to affect the metabolism of drugs metabolized by cytochrome P 450 (CYP) 2D6, although few formal drug-interaction data are available. Conclusions: Mirtazapine is effective and well tolerated for the treatment of patients with moderate to severe major depression. Further research is required to define the comparative efficacy of mirtazapine in specific patient groups, including the elderly and those with severe depression. Clarification of its efficacy as an augmentation therapy and in patients with refractory depression and its role in improving the efficacy and reducing the extrapyramidal effects of antipsychotic drugs would also help to establish its clin. value. The low potential for interaction with drugs that are metabolized by CYP2D6, including antipsychotics, tricyclic antidepressants and some SSRIs, may also make mirtazapine an important option for the treatment of major depression in patients who require polytherapy. Mirtazapine also appears to be useful in patients with depression who have anxiety symptoms and sleep disturbance.

AN 1999:307238 HCAPLUS <<LOGINID::20090825>>
DN 130:332190
TI Mirtazapine: A review of its use in major depression
AU Holm, Kristin J.; Markham, Anthony
CS Adis International Limited, Auckland, N. Z.
SO Drugs (1999), 57(4), 607-631
CODEN: DRUGAY; ISSN: 0012-6667
PB Adis International Ltd.
DT Journal; General Review
LA English
OSC.G 51 THERE ARE 51 CAPLUS RECORDS THAT CITE THIS RECORD (51 CITINGS)
RE.CNT 107 THERE ARE 107 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L8 ANSWER 49 OF 51 HCAPLUS COPYRIGHT 2009 ACS on STN
TI Serotonin-2 receptor-mediated intraplatelet calcium mobilization in affective disorders. Relevance to the pathophysiology of depression
AB 5-HT-stimulated intracellular Ca concentration change was studied in the platelets of healthy subjects, using fluorescent Ca indicator fura-2. 5-HT increased the Ca response in a concentration-dependent manner. The maximal response was obtained at 10 μM of 5-HT and its EC50 value was 0.4 μM. This response was potently inhibited by selective 5-HT2 receptor antagonists, suggesting that the 5-HT-induced Ca mobilization is mediated by 5-HT2 receptors. This 5-HT-stimulated Ca response was not significantly affected by the time of blood sampling, gender, age, meal, or exercise. Therefore, it may be concluded that the 5-HT-induced Ca response in human platelets is a stable parameter and that it is suitable

for assessing 5-HT2 receptor function in depressed patients. Thus, the 5-HT-induced Ca mobilization was measured in the platelets of depressed patients. The response was significantly higher in unmedicated patients with bipolar depression and melancholic major depression than in those with nonmelancholic major depression and normal controls. The enhanced Ca response to 5-HT failed to correlate with severity of depressive symptoms. In patients with bipolar depression and melancholic major depression, there was no significant difference in 5-HT-stimulated Ca response between unmedicated group and euthymic-treated group. These results suggest that 5-HT2 receptor function is increased in some type of affective disorders and that the enhanced Ca response to 5-HT may be trait dependent rather than state dependent.

AN 1993:469623 HCAPLUS <<LOGINID::20090825>>

DN 119:69623

OREF 119:12541a,12544a

TI Serotonin-2 receptor-mediated intraplatelet calcium mobilization in affective disorders. Relevance to the pathophysiology of depression

AU Kusumi, Ichiro

CS Sch. Med., Hokkaido Univ., Sapporo, 060, Japan

SO Hokkaido Igaku Zasshi (1993), 68(3), 325-36
CODEN: HOIZAK; ISSN: 0367-6102

DT Journal

LA Japanese

OSC.G 5 THERE ARE 5 CAPLUS RECORDS THAT CITE THIS RECORD (5 CITINGS)